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COMMISSIONER REINHARD STATEMENT ON THE OMNIBUS BILL PASSAGE

Richmond, VA – The Commissioner of the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services, James Reinhard, M.D., issued the following statement after the 2008 Virginia General Assembly's passage of HB499/SB 246, the mental health Omnibus Bill:

"The Omnibus bill was built on countless hours of work by many stakeholders, from the Governor and General Assembly Members to the Commission on Mental Health Law Reform and the Virginia Tech Review Panel. As a result of this consensus, the bill received unanimous support today from both the Virginia House and Senate. The bill makes significant and substantial changes to Virginia's Code that strengthen and clarify the process for civil commitment to help prevent people from falling through the cracks. These changes bring Virginia more in line with the majority of other states.

"It is important to remember that the Omnibus bill is only part of our work. True reform into a mental health services system that seeks to prevent before it must treat, and focuses on individuals and their path to recovery instead of on their illnesses, requires a thorough examination of the many facets of Virginia's complicated system. These issues cannot be fixed in one legislative session, but will take focused attention by lawmakers, mental health professionals, the courts and the media for years to come."

Specifically, the bill:

- 1) Revises and clarifies the legal criteria for involuntary mental health treatment to make it easier to determine if someone is eligible and appropriate for involuntary treatment
- 2) Allows the period of emergency custody to be extended from four to six hours when necessary to complete the required examinations and locate appropriate placement for the person.
- 3) Establishes clear procedures for ordering, delivering and monitoring court-ordered mandatory outpatient treatment to make such services more usable and to ensure more consistent implementation statewide.
- 4) Increases oversight by community services boards and other providers who deliver services and monitor court-ordered mandatory outpatient treatment.
- 5) Clarifies the types of evidence that may be considered during the involuntary commitment process to create more consistent application of the law across the Commonwealth
- 6) Requires training for certain court-appointed examiners and CSB preadmission screeners involved in the involuntary commitment process.
- 7) Clarifies when mental health treatment information may be disclosed to other parties for the purpose of implementing court-ordered treatment for minors, adults and jail inmates.
- 8) Reduces stigma of involuntary commitment by using a "person-centered" approach that balances public safety with consumer interests, allowing consumer involvement in treatment planning, and allowing transportation by persons other than law enforcement in many situations.

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Available to citizens statewide, Virginia's public mental health, mental retardation and substance abuse services system is comprised of 40 community services boards (CSBs) and 16 state facilities. DMHMRSAS seeks to promote dignity, choice, recovery, and the highest possible level of participation in work, relationships, and all aspects of community life for these individuals with mental health, mental retardation or substance abuse disorders.